



# VISIT<sup>®</sup> Travel & Medical Insurance Program

*for International Students, Scholars, Spouses, Families and Visitors*

Call VISIT<sup>®</sup> Today **1-800-247-5575** or  
Visit Us on the web at [www.visitinsurance.com](http://www.visitinsurance.com)

VISIT<sup>®</sup> offers **Student/Family Insurance Plans** that have lower prices and more coverage, including the **Economy, Standard & Super** (and New **Platinum**) Student and Family Plans and the improved "**Plan E Plus**" for Students, Non-Students, and Visitors to the USA and Canada.

We invite you to explore our Insurance Plans to see how they may benefit your F1/J1 students and their family members, as well as students that are not required to buy university insurance plans (such as graduate and post-doctoral students and scholars, spouses, dependents, international university employees, and visiting family members).

Our **Outbound Plans** offer coverage for short- or long-term travel outside the USA (including non-US travel). These **Outbound Plans** are ideal for Study Abroad, educational travel, work/travel, ecotourism, and student/teacher exchange.

All Plans are available in 1 to 12 month terms  
**Students may ORDER ONLINE - Immediate Confirmation!**

## STUDENT PLANS - Ideal for:

- International Student/Scholar (F1 or J1 visa)
- Optional Practical Training (OPT)
- Academic Training (AT)
- ESL
- High School Students
- Includes Maternity coverage

### Choose from 9 Student Plans

- **Economy** - \$100K or \$250K
- **Standard** - \$100K or \$250K
- **Super** - \$100K or \$250K
- **Platinum** - \$100K or \$250K
- **E<sup>PLUS</sup>** - \$100K

## FAMILY PLANS - Ideal for:

- International Student/Scholar (F1 or J1 visa)
- Spouse
- Dependents
- Includes Maternity coverage

### Choose from 9 Family Plans

- **Economy** - \$100K or \$250K
- **Standard** - \$100K or \$250K
- **Super** - \$100K or \$250K
- **Platinum** - \$100K or \$250K
- **E<sup>PLUS</sup>** - \$100K

## VISITOR PLANS - Ideal for:

Ideal for Student not requiring Maternity, or any other Non-Student Visitor to USA and/or Canada

- International Student/Scholar
- Spouse & Dependents
- Non-Student Visitors to the USA
- Ideal for OPT and AT
- Work/Travel/Practical Training
- Includes trip interruption, lost baggage, return of minor child
- Available to age 79!

### Choose from 2 Visitor Plans

- **E<sup>PLUS</sup>** - \$100K
- **E<sup>PLUS</sup>** - \$100K hazardous sports

## OUTBOUND FROM USA - Ideal for:

- US citizens traveling abroad
- Study Abroad
- Work/Travel Abroad
- Cultural Exchange

### Choose from 2 Plans

- **Atlas** - Short-term health insurance for individuals traveling outside their Home Country
- **CitizenSecure** - An international major-medical and term life insurance for individuals and families

See Prices on Back 



**PRICES Incoming to USA (2010-2011 School Year)**

**VISIT<sup>®</sup> Travel & Medical Insurance**

Visit [www.visitinsurance.com](http://www.visitinsurance.com) for Plan details

*Rates are per person/per month - Rates Effective July 1, 2010*

<b>ECONOMY PLANS (Choose \$100K OR \$250K)</b>				
<i>Deductible - \$100 per accident or illness/ Co-insurance – 80/20 to \$10,000 with \$10,000 Maternity Coverage</i>				
AGE	ECON100 Student	ECON100 Spouse	ECON250 Student	ECON250 Spouse
12-18	\$39	\$107	\$42	\$116
19-23	\$42	\$116	\$44	\$122
24-30	\$83	\$232	\$89	\$247
31-40	\$129	\$361	\$137	\$382
41-49	\$209	\$582	\$221	\$617
50-64	\$285	\$794	\$302	\$841
Child	\$92		\$100	
<b>STANDARD PLANS (Choose \$100K OR \$250K)</b>				
<i>Deductible - \$100 per accident or illness/ Co-insurance – 80/20 to \$5,000 with \$10,000 Maternity Coverage</i>				
AGE	STD100 Student	STD100 Spouse	STD250 Student	STD250 Spouse
12-18	\$43	\$119	\$45	\$125
19-23	\$46	\$127	\$48	\$134
24-30	\$92	\$256	\$96	\$269
31-40	\$142	\$397	\$150	\$417
41-49	\$230	\$641	\$242	\$674
50-64	\$314	\$874	\$330	\$919
Child	\$103		\$108	
<b>SUPER PLANS (Choose \$100K OR \$250K)</b>				
<i>Deductible - \$100 per accident or illness/ Co-insurance – 80/20 to \$5,000 w Maternity Coverage up to Policy Max</i>				
AGE	SPR100 Student	SPR100 Spouse	SPR250 Student	SPR250 Spouse
12-18	\$48	\$134	\$51	\$143
19-23	\$50	\$140	\$56	\$154
24-30	\$102	\$284	\$112	\$312
31-40	\$158	\$441	\$173	\$483
41-49	\$257	\$715	\$279	\$778
50-64	\$349	\$974	\$380	\$1060
Child	\$116		\$125	
<b>PLATINUM PLANS (Choose \$100K OR \$250K)</b>				
<i>Deductible - \$100 per accident or illness/ Co-insurance – 80/20 to \$5,000 w/ Maternity Coverage up to Policy Max Shorter waiting period for Pre-existing Conditions (6 months) &amp; Unlimited Med Evac and Repatriation</i>				
AGE	PLT100 Student	PLT100 Spouse	PLT250 Student	PLT250 Spouse
12-18	\$53	\$148	\$56	\$158
19-23	\$55	\$154	\$62	\$170
24-30	\$113	\$313	\$124	\$344
31-40	\$174	\$485	\$191	\$532
41-49	\$283	\$787	\$307	\$856
50-64	\$384	\$1072	\$418	\$1166
Child	\$128		\$138	
<b>EPlus (No Maternity) \$100K</b>				
<i>Deductible - \$100 per policy period/Co-insurance – 80/20 to \$5,000</i>				
AGE	PLAN EPlus		AGE	PLAN EPlus Hazardous Sports
0-29	\$43		0-29	\$50
30-39	\$57		30-39	\$66
40-49	\$90		40-49	\$95
50-59	\$135		50-59	\$155
60-64	\$169		60-64	\$195
65-69	\$210		65-69	\$242
70-79	\$265		70-79	\$305

Rates are subject to change. Please visit our website at [www.visitinsurance.com](http://www.visitinsurance.com) for current rates and coverages. Additional coverage is available for persons over 79 years of age. Please call 1-800-247-5575 for premium rates.

## How Do I Apply?

Apply Online at [www.visitinsurance.com](http://www.visitinsurance.com)  
or Complete this Application

### VISIT® Travel & Medical Insurance Application

**INSTRUCTIONS:** Please complete all information on the following application. Incomplete applications may cause a delay in processing your application. **Please print clearly.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please indicate an address in the USA)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Tel (\_\_\_\_) \_\_\_\_\_ Work Tel (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_

VISA Status: J1 F1 J2 F2 Other: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Number of Coverage Days: \_\_\_\_\_ Renewal: Yes / No  
(Include the first and last day of coverage)

Type of Insurance Plan: ECON100 ECON250  
STD100 STD250 SPR100 SPR250 PLT100  
PLT250 E<sup>PLUS</sup> E<sup>PLUS</sup> Hazardous Sports

Primary Destination: \_\_\_\_\_

Name of the University or College in which you are enrolled: (please complete if you are a student):  
\_\_\_\_\_

Family Members to be covered on this policy (name, date of birth, relationship): **Premiums are per person.**  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name & Telephone No.:  
\_\_\_\_\_

Beneficiary: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

**Maximum policy term is 12 months**, but you may re-enroll for successive terms, as desired. Applicant must meet application criteria, and all conditions and pre-existing exclusions apply.

These rates are for persons traveling abroad and their family members traveling with them. Please review the plan overviews carefully prior to purchasing the policy. Please call 1-800-247-5575 if you have any questions.

**Cancellation Policy.** All premiums are fully earned upon Application, and are Non-Refundable. Please apply only for the term of coverage you need, and re-apply as necessary as your plans may change.

**Payment Total for All Applicants:** \$ \_\_\_\_\_  
(Premiums are Per Person)

#### SELECT PAYMENT METHOD:

CHECK or MONEY ORDER (Payable to **VISIT**)

MasterCard VISA American Express

Credit Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Print Name as it appears on your Credit Card:  
\_\_\_\_\_

**FRAUD ADVISORY:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud. Insurance fraud may include deliberate misuse of coverage verification during University registration.

**APPLICANT STATEMENT:** I have read the above application, fraud advisory, and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**MAIL the Completed Application & Premium to:**

**VISIT® Travel & Medical Insurance Program**  
**PO Box 210, Mount Vernon, VA 22121**  
**Enroll by Phone: 1-800-247-5575**  
**Enroll by Fax: 1-703-991-9164**

**Enroll ONLINE at**  
**[www.visitinsurance.com](http://www.visitinsurance.com)**